## Request For Continued Examination (RCE) Transmittal

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	Application Number	10/712,294			
	Filing Date	November 13, 2003			
	First Named Inventor	Dimitri T. Azar			
Ī	Group Art Unit	3738			
	Conf No.	8876			
	Examiner Name	William H. Matthews			
	Attorney Docket Number	00633-0041001			

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1.	Subm	ission required under 37 C.F.R. §1.114 Note: If the F	RCE is p	oroper, an	y previously filed unentered amendments and			
	applica	dments enclosed with the RCE will be entered in the order in ant does not wish to have any previously filed unentered and dment(s)						
a. Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be considered as a submission even if this box is not checked.								
	i.	Consider the arguments in the Appeal Brief or Reply I	Brief pre	viously fil	led on			
ii.								
	b. 🛛 Enclosed							
	i.	. ☑ Amendment/Reply	iii.		Information Disclosure Statement (IDS)			
	ii.	. ☐ Affidavit(s)/Declaration(s)	iv.		Other			
2. Miscellaneous								
	a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required)							
	b. 🔲 C	Other						
3.	Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>06-1050</u>							
	i.	RCE fee required under 37 CFR 1.17(e)						
	ii.							
	iii	ii. 🛛 Other <u>Any deficiencies</u>						
	b. 🗆 C	Check in the amount of \$ enclosed						
	c. 🔲 P	Payment by credit card (Form PTO-2038 enclosed)						

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name (Print/Type)	Elliott J. Mason, III	Registration No. (Attorney/Agent) 56,569					
Signature	/Elliott J. Mason, III Reg. No. 56,569/	Date April 1, 2009					